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Bib Data Sheet

CONFIRMATION NO. 8995

SERIAL NUMBER 09/751,271	FILING OR 371(c) DATE 12/28/2000 RULE	CLASS 606	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. 10057-701.201
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/13/2001

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 5 31 NP	INDEPENDENT CLAIMS 1 5 NP
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance /Nihir Patel/ NP Verified and Acknowledged _____ Examiner's Signature Initials				

ADDRESS

66854

TITLE

A DEVICE IMPLANTABLE IN THE CORONARY SINUS TO PROVIDE MITRAL VALVE THERAPY

FILING FEE RECEIVED 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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